

DEATH RECORD AMENDMENT REQUEST

If the information on the electronically issued record is incorrect, please fill out and submit this form. The electronically issued certified copy and the required fee to the following address.

RETURN REQUEST TO:

SD DEPARTMENT OF HEALTH
VITAL RECORDS
ATTN: AMENDMENT OF RECORDS
207 E Missouri Ave, Ste. #1-A
PIERRE SD 57501

FEE REQUIRED:

Original record is over a year old - **\$8.00**
Original record is less than a year old – No Fee

INFORMATION REQUESTED:

Please print or type. If more room is required please continue on back of sheet.

Full name on record _____

Full date of death on issued record _____

Place of death on issued record _____

Item(s) on record that need to be corrected. _____

How the corrected item(s) should appear on the record. _____

INFORMANT'S INFORMATION:

Name _____

Full Address _____

Day Time Phone Number _____

Relationship to person on record _____

Signature _____

SEND IN CERTIFIED COPY:

By providing your certified copy, you will receive a replacement certified copy at no charge after the amendment process has been completed.